

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NUMBER
691806801
APPLICANT(S)
FILING DATE

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | 1 | | | | | |
| 4 | X | | | | | |
| 5 | X | | | | | |
| 6 | 1 | | | | | |
| 7 | 1 | | | | | |
| 8 | 1 | | | | | |
| 9 | 1 | | | | | |
| 10 | 1 | | | | | |
| 11 | 1 | | | | | |
| 12 | 1 | | | | | |
| 13 | 1 | | | | | |
| 14 | 1 | | | | | |
| 15 | 1 | | | | | |
| 16 | 1 | | | | | |
| 17 | 1 | | | | | |
| 18 | 1 | | | | | |
| 19 | 1 | | | | | |
| 20 | 1 | | | | | |
| 21 | 1 | | | | | |
| 22 | 1 | | | | | |
| 23 | X | | | | | |
| 24 | X | | | | | |
| 25 | 1 | | | | | |
| 26 | 1 | | | | | |
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| TOTAL IND. | Q | | | | | |
| TOTAL DEP. | Q | | | | | |
| TOTAL CLAIMS | Q3 | 103 | Q3 | 103 | Q3 | 103 |

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE
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